

Final Acquittal Report

Form Preview

Grant Outcomes

* indicates a required field

The Perth Children's Hospital Foundation uses reports to evaluate grant progress/outcomes and expenditure of a funded project, as well as communicate project impact to Donors and the general public. The reports will be due to the Foundation in accordance with the schedule set by the grant agreement letter.

Report Details

Name of person completing the report: *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Daytime phone number: *

Must be an Australian phone number.
Example (08) 1234 5678

CAHS email address: *

Must be an email address.

Is the person completing the report the primary applicant? *

Yes No

What is your role in the project? *

Reporting Period

Please list the dates this report covers below, e.g. 1 July 2020 to 31 December 2020

Note: Final acquittal reports must cover the full duration of the project.

Start date of current reporting period *	End date of current reporting period *
<input type="text"/>	<input type="text"/>

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Must be a date.
First date this report covers

Must be a date.
Last date this report covers.

Project Details

Project Title

This question is read only.

Approved Project Start Date

This question is read only.

Project Type

This question is read only.

Approved Project End Date

This question is read only.

Award Letter Date

This question is read only.

Total Funds Awarded

This question is read only.

Funding Secured Letter Date

This question is read only.

Administering Institution

Ethics Approval Number

Ethics Approval Date

Governance Approval Number

Governance Approval Date

Short project description detailed in the application:

This question is read only.

'Solution/proposed change' as detailed in the application:

This question is read only.

Please describe the aims of your project as outlined in your application. *

Equipment Grant Details

Please fill out dates below as applicable to your project.

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Equipment installation/commission date

Must be a date.

Date training for staff on use of equipment completed

Must be a date.

Date equipment first used for intended purpose

Must be a date.

Project Outcomes

Please describe the paediatric health outcomes and impact of your project as related to your 'Solution/proposed change' and project milestones outlined in your application. Please include both planned and unexpected outcomes as a direct result of your project. Please also note any changes that were required to the implementation of the project and any updates regarding collaborations with external entities to deliver project outcomes. *

Project Impact

Please describe any potential long-term impact of your project, including impacts on clinical practice, new funding opportunities resulting from this project, etc. *

Key Learnings

Please summarise the lessons learnt in implementing the project. What would you do differently with the benefit of hindsight? Include any examples that might serve to improve the effectiveness of any future similar activities.

Lessons Learned

Must be no more than 500 words.

What changes would you make to improve the success of the project or activity if you were to do it again?

Word count:

Must be no more than 500 words.

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Project Beneficiaries

Please describe who has benefitted from this project using the table below. Please consider the geographical region, gender, age, department, medical condition(s), relationship to patients (e.g. carers/siblings), etc.

Beneficiaries	Number of people	Further details
To date, who has benefitted from this project?	Since the start of the project, how many people have benefitted from this project? Must be a number.	Please explain briefly how you determined these numbers and advise if these were direct or indirect beneficiaries of your project

Project Imagery, Videos, and Media

Please upload at least one image, video or other media related to your project which may demonstrate impact related to your project (e.g. headshot of clinician, patient or family participating in project, image of funded equipment/training session/etc.). If you require assistance capturing content, please contact grants@pCHF.org.au and the Grants team will provide guidance on this process.

Please note, files provided may be used on social media, websites, annual reports, etc., therefore please ensure permission from individuals featured or suppliers are captured as photos and videos may be shared with prospective donors and the public. Consent forms obtained should be uploaded below.

Image, video or media	File description	Consent form (if applicable)

If you have not uploaded project imagery, videos or media above, please share why not.

Project Materials

If applicable, please provide copies of any project/ translational materials that have been produced as a result of this project/activity, e.g. resources developed, publications, presentation materials, etc. These materials help demonstrate project impact and outcomes to the Foundation and any donors aligned to your grant.

Project materials	File description	Consent form
		If applicable

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PCHF and donor acknowledgements

How were PCHF and donors aligned with your project acknowledged?

Please provide copies of any publications, presentations, media, publicity that acknowledges PCHF and relevant donors aligned with your project if not provided above.

Attach a file:

Budget Details

* indicates a required field

Please complete this budget section by providing an itemised list of expenses using the tables or upload function below. It is strongly recommended that applicants contact their CAHS Finance Business Officer or Administering Institution for input on this section to ensure accuracy of reports.

Please list all items as ex-GST when reporting grant expenditure.

Please note: Expenses must reflect items and resources approved in the application budget. Please refer to your application and Funding Secured Letter for details.

Budget Report - If you are uploading your finance statement instead of filling out the tables below, please do so here.

Attach a file:

Project Expenditure - Salaries

Name of Person	Position	Time Period	Cost Ex-GST
e.g. John Smith	e.g. Haematology/ Oncology Fellow - Senior Registrar	15 July to 14 August 2020	Must be a dollar amount.
			\$
			\$
			\$
			\$
			\$

Project Expenditure - Equipment, Consumables, and Other Expenses

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Time Period	Budget Item	Cost Ex-GST
e.g. 15 July to 14 August 2020	e.g. Insulin Pumps x3	Must be a dollar amount.
		\$
		\$
		\$
		\$
		\$

Other Project Expenditure - not funded by PCHF

Expenditure related to the project, but not funded by PCHF.

Funding Source	Time Period	Budget Item	Cost Ex-GST
e.g. CAHS	Q2 FY21	e.g. in kind printing and stationary	Must be a dollar amount.
			\$
			\$
			\$
			\$
			\$

Project Expenditure Totals

Total grant funds awarded:

\$

This number/amount is calculated.

Grant funds expended to date:

\$

Must be a dollar amount.

Grant funds remaining to be expended:

\$

This number/amount is calculated.

Have there been any circumstances that resulted/will result in funds being unspent? *

Yes

No

Please note, unless notified, the Foundation will recoup/retain funding not spent at the end of the agreed funding period.

Please provide details regarding any existing or anticipated unspent fund balances.

Report Submission

* indicates a required field

Signatures

IMPORTANT: Please ensure you application is complete prior to doing this step.

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Head of Department (HOD) signatures are required for all final reports. Note, you cannot sign your own report if you are the Head of Department, in that case please obtain the signature of your Delegated Authority.

Please click "Review and Submit" in the navigation panel. Here you will be able to download a PDF of your report. **Prior to submission**, please download and print your report, ensure the printed copy is signed by your Head of Department, then upload the signed version below. You will then be able to submit your final acquittal report.

Head of Department Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Head of Department Signature

Date of Signature

Signed Report *

Attach a file:

Please upload your signed report here.

By submitting this report, you agree that the information provided in this report is accurate to the best of your knowledge. You also acknowledge that the Foundation will retain or recoup via invoice any funding not spent at the end of the agreed funding period from the date of commencement unless agreed otherwise.